

<b>Case Number:</b>	CM13-0008554		
<b>Date Assigned:</b>	09/17/2013	<b>Date of Injury:</b>	12/23/2012
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury is 12/23/2012. The treating diagnosis is lumbar disc displacement. This patient is status post a multilevel lumbar decompression including fusion at L3-4 and L5-S1. The patient has undergone additional treatment including physical therapy and medication management. The patient has acquired significant improvement. The patient physician has requested additional treatment including aquatic therapy and a lumbar mattress. An initial physician reviewer opined that per usual protocol, a firm mattress is not approved.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**DME: form mattress-lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically address the issue of a specialized mattress. The Official Disability Guidelines/Treatment of Workers' Compensation/Low Back states in the section on Mattress Selection, "There are no high-quality studies to support studies of any type of specialized mattress or bedding as treatment for low back pain. Mattress selection is subjective and depends upon personal preference and individual factors." The medical records therefore do not support this request as medically

necessary. The records did not provide an alternate rationale for this request. The request for DME: form mattress-lumbar is not medically necessary and appropriate.